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## \*BIBDATASHEET\*

CONFIRMATION NO. 6556

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/660,209	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> ARG 0022 CON (2)
<b>APPLICANTS</b> A. Bart Flick, Lakemont, GA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/531,245 03/21/2000 PAT 6,861,570 which is a CON of PCT/US98/19689 09/22/1998 which is a CIP of 08/935,026 09/22/1997 PAT 6,087,549				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/04/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 20  <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23579				
<b>TITLE</b> MULTILAYER CONDUCTIVE APPLIANCE HAVING WOUND HEALING AND ANALGESIC PROPERTIES				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	